

State of California  
Adminstrator of Apprenticeship  
Department of Industrial Relations  
Division of Apprenticeship Standards  
P. O. Box 420603  
San Francisco, CA 94142-0603



## Request for Cancellation of Apprentice Agreement (For Cause)

<b>Program Sponsor Name</b> _____		<b>File No.</b> _____
<b>Address</b>		
Street _____	City _____	Zip _____
<b>To: Name of DAS Consultant:</b> _____		
<b>Address:</b> _____		
<b>Reference: Name of Apprentice</b> _____		
<b>Social Security No.</b> _____	<b>Indenture Date</b> _____	
<b>Address:</b> _____		
Street _____	City _____	Zip _____

On behalf of the Program Sponsor, I request the Administrator of Apprenticeship cancel the agreement of the above referenced apprentice effective \_\_\_\_\_.

I declare under penalty of perjury that I am familiar with the facts upon which this request is based and I believe this action complies with the program standards and rules and regulations and is based on:

- \_\_\_\_\_ 1. Failure to complete work requirements.
- \_\_\_\_\_ 2. Failure to attend and/or perform satisfactorily in classes of related and supplemental instruction.
- \_\_\_\_\_ 3. Improper conduct on the job or in the classroom, such as fighting, being under the influence of drugs or alcohol, stealing, abusive language, etc.
- \_\_\_\_\_ 4. Violation of Apprentice Agreement.
- \_\_\_\_\_ 5. Failure to comply with the Rules and Regulations of the Program Sponsor.
- \_\_\_\_\_ 6. Falsification of records.
- \_\_\_\_\_ 7. Other: \_\_\_\_\_

and a copy of supporting documents/records will be held for 35 days for the Administrator; I further certify that the apprentice has been notified of the right to "appeal to the Administrator of Apprenticeship". (Originals must be retained for 5 years)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Program Sponsor

Printed Name \_\_\_\_\_

at \_\_\_\_\_, California  
City